

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Health Programs for Refugees

**STATUTORY AUTHORITY:**

Immunization and Section 412 (B)(5)

**GRANT PROGRAM NO.** 07-30-RP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To ensure that refugee arrivals receive a domestic health exam within 30 days of arrival to identify and treat infectious diseases of public health concern, identify and provide referral for treatment of chronic health conditions, and to introduce arrivals into the US healthcare system.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$80,000 should be available for State Fiscal Year 2007 to fund approximately seven awards to Federally Qualified Health Centers. Each award begins on July 1, 2007 and will be for a twelve month budget period. The funding estimate may vary and is subject to state and federal appropriations. Applicants currently receiving health service grant money for the activity will be given first priority to receive funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Licensed Medical Practitioners capable of third party billing to New Jersey Medicaid.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Federally Qualified Health Centers or equivalents, capable of providing culturally sensitive and linguistically appropriate health exams to the newly arrived refugee populations resettled in New Jersey.

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**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services grant application.

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**FOR INFORMATION CONTACT:**

Program Manager, Infectious and Zoonotic Disease Program  
New Jersey Department of Health & Senior Services  
Communicable Disease Service, PO Box 369

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Trenton, NJ 08625-0369

**E-MAIL:** Joseph.Aiello@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant, information included in formal request for application.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to funding period